



ENT and Head & Neck Surgery

Solutions with the CURIS® 4 MHz Radiofrequency Generator



PRECISION ELECTROSURGERY
Made in Germany

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CURIS® 4 MHz Radiofrequency Generator One unit – many applications



The CURIS® 4 MHz radiofrequency generator relies on innovative 4 MHz technology: It is gentle to the tissue and effective for coagulation, for submucosal shrinkage, and for cutting. Scientific studies have shown that tissue trauma may be reduced by using CURIS® 4 MHz radio-frequency technology.¹

CURIS® 4 MHz Radiofrequency Technology

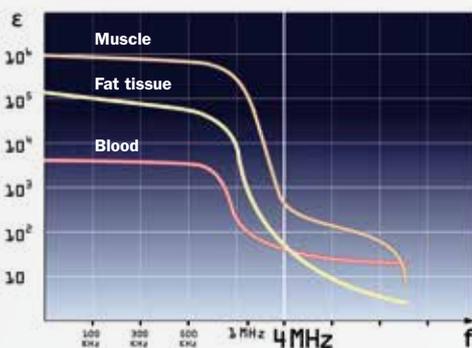
The higher the frequency, the less the resistance of biological tissue to electromagnetic fields – up to the point where cell membranes are capacitively coupled. This effect is created by the CURIS® 4 MHz radiofrequency generator in all monopolar and bipolar modes. When using conventional electrosurgical units the electromagnetic field mainly concentrates between the cells and only heats up the outer layer. However, with the CURIS® 4 MHz radiofrequency generator cell membranes are conductive, and energy is absorbed evenly inside the cells.² As a result, energy is administered gently and in a highly focused fashion. Precise monopolar cuts are possible while lateral heat damage is kept to a minimum.³

¹ Muehlfay G et al. A study on the type of lesions achieved by three electrosurgical methods and their way of healing. Romanian Journal of Morphology & Embryology. 2015; 56(4): 1383-1388

² Holder DS. Electrical Impedance Tomography- Methods, History and Applications. IOP Publishing Ltd. 2005

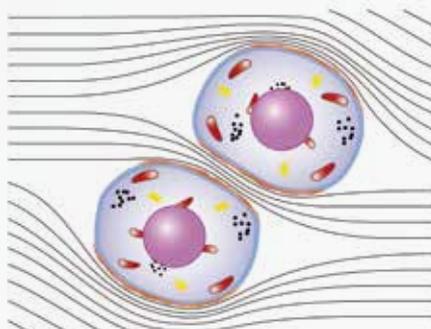
³ Hoffmann TK et al. Comparative analysis of resection tools suited for transoral robot-assisted surgery. European Archives Oto-Rhino-Laryngology. 2014; 271 (5) : 1207-1213

Permittivity/Frequency



This diagram shows the permittivity of tissue, which depends on the frequency of the electromagnetic field.

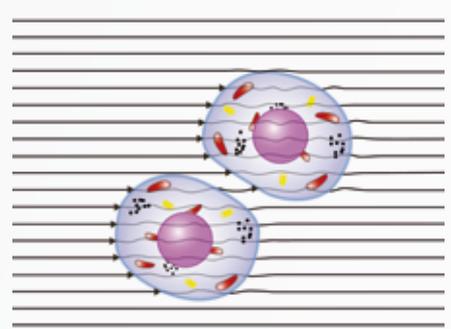
Conventional electrosurgical units



The electromagnetic field concentrates mainly between the cells and heats up only the outer layer.

Source: [2] Holder

CURIS® 4 MHz Radiofrequency Generator



Cell membranes are conductive and the energy is absorbed evenly inside the cells. The result are highly focused tissue effects.

Source: [2] Holder

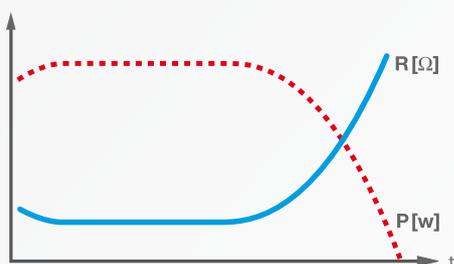


Precision thanks to **AutoRF™**

AutoRF™ is a smart impedance control function that will tailor the power output of the CURIS® 4 MHz radio-frequency generator to the tissue condition. Whether it is cutting through different types of tissue (such as mucosa, muscle, fat or connective tissue) or altering tissue conditions during coagulation, the AutoRF™ feature will deliver adapted power output as required by the different tissue impedance.

When dissecting different types of tissue in one cut (skin, fat, muscles), the unit has to process and respond to the AutoRF™ data in a flash. For this reason, the CURIS® 4 MHz radiofrequency generator has two microprocessors for additional safety and speed.

CURIS® RaVoR™

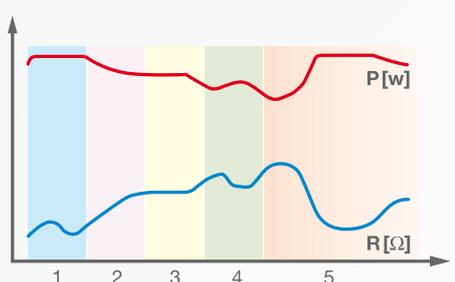


RaVoR™ mode with AUTO STOP:

The precise delivery of energy and smart power adjustment aid in creating consistent and repeatable lesions. As soon as a suitable size of a lesion has been achieved, the generator will automatically stop the activation.

Illustration only.

CURIS® CUT



Monopolar cutting:

Sections 1 to 5 show the different kinds of tissues and cutting speeds to which the unit adjusts its power output automatically. "R" signifies electric tissue resistance and "p" the actual power output.

Illustration only.

p³™ Technology



p³™, which stands for pulsed power performance, is active in all coagulation modes of the CURIS® 4 MHz radiofrequency generator. Radiofrequency energy is delivered in about 50 small packages per second. Due to the pulsed power output, there are short breaks between the individual packages, giving the tissue enough time to absorb the energy. Highly focused, yet gentle coagulation with minimal thermal damage is possible.

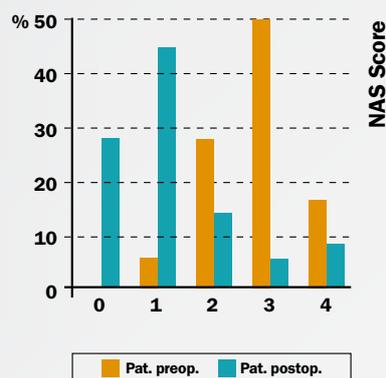
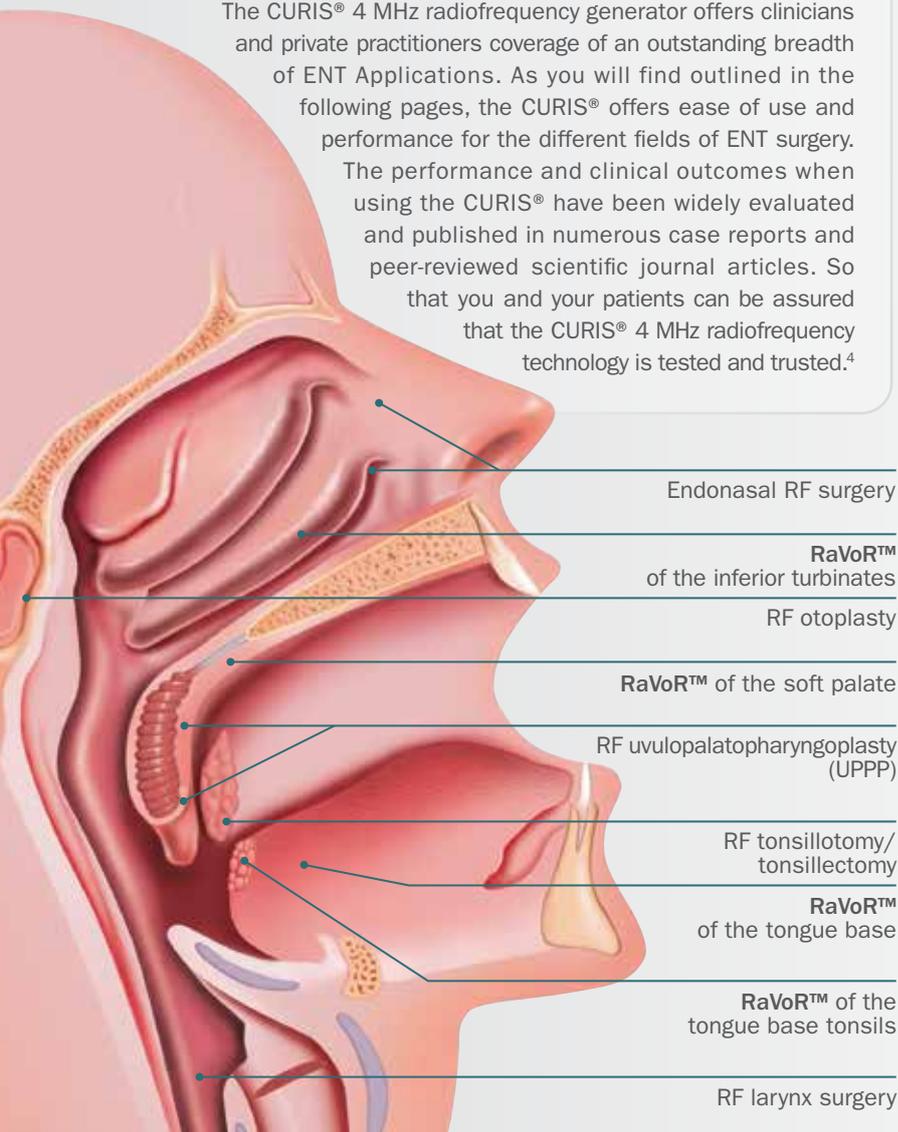


**CURIS®: one device
- many applications**

Versatility in ENT

The CURIS® 4 MHz radiofrequency generator offers clinicians and private practitioners coverage of an outstanding breadth of ENT Applications. As you will find outlined in the following pages, the CURIS® offers ease of use and performance for the different fields of ENT surgery.

The performance and clinical outcomes when using the CURIS® have been widely evaluated and published in numerous case reports and peer-reviewed scientific journal articles. So that you and your patients can be assured that the CURIS® 4 MHz radiofrequency technology is tested and trusted.⁴



Snoring intensity pre- and postoperatively after treatment of nasal turbinates and soft palate

Marinescu, A. Innovative Bipolar Radiofrequency Volumetric Reduction with "ORL-Set" for Treatment of Habitual Snorers. *Laryngo-Rhino-Otol*, 2014, 83 (9): 610-616

RaVoR™ Radiofrequency Volume Reduction

Bipolar radiofrequency volumetric tissue reduction, using Sutter technology, appears to have promising results for patients with snoring and mild OSA. One treatment session resulted in significant reduction in snoring intensity, improvement in sleep quality and QOL, and reduction in daytime sleepiness.

Pang et al. Sutter bipolar radiofrequency volume reduction of palate for snoring and mild obstructive sleep apnea. *The Journal of Laryngology & Otology*. 2009; 123: 750-754

RaVoR™ Radiofrequency Volume Reduction

RaVoR™ of the inferior turbinates, soft palate, tongue base, etc. is an interstitial application for submucosal tissue shrinkage. Precise delivery of energy and smart power adjustment depending on actual tissue impedance aid in creating consistent and repeatable lesions. As soon as a suitable size of a lesion has been achieved, the CURIS 4 MHz radiofrequency generator will automatically stop the activation (AUTO STOP mode), and give an acoustic signal. The treated tissue is decomposed and transformed into fibrous scar tissue. This process leads to a shrinkage and stiffening of the treated area.

Sutter has developed different bipolar electrodes for the treatment of sleep-related breathing disorders based on the anatomical sites of obstruction.

Audio Feedback

If desired, an acoustic feedback function (AUDIO FEEDBACK) can be activated. While a lesion is created in RaVoR™ mode, the change in tissue condition is signaled by a changing pitch: The further the lesion progresses, the higher the activation sound. This mode may also be used to potentially increase the patient's comfort. The patient will be able to listen and follow what happens inside the tissue.

⁴ Brumann M et al. Comparison of Functional Expansion Pharyngoplasty with Radiofrequency Volume Reduction of the Soft Palate in Surgery for Sleep-related Breathing Disorders. *Journal of Sleep Medicine & Disorders*. 2017; 4(1):1073
 Basterra J et al. Eighty-three cases of glottic and supraglottic carcinomas (stage T1-T2-T3) treated with transoral microelectrode surgery: how we do it. *Clinical Otolaryngology*. 2011 Oct; 36(5):500-4
 Additional references available upon request.

RaVoR™ bipolar electrodes

single-use

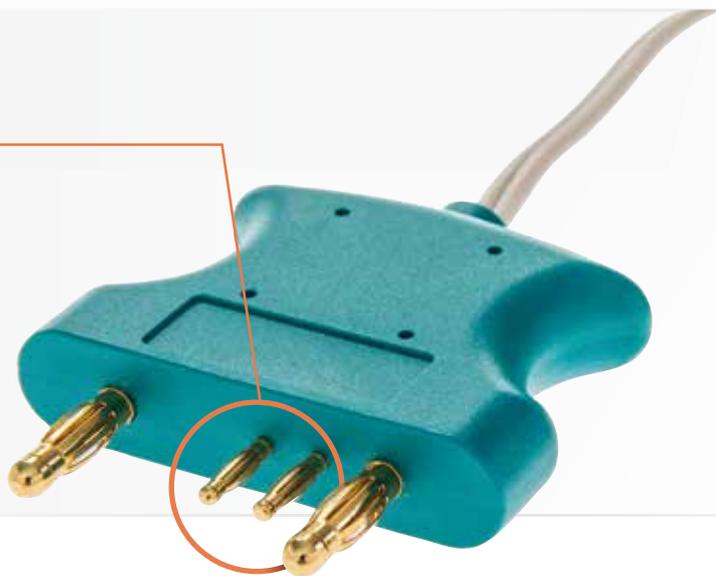


“The RaVoR bipolar electrodes for the reduction of the inferior turbinates are a convenient solution for my private practice. My staff and I enjoy the ease of use due to the new plug and operate feature.”

S. Grupp, MD
Freiburg (Germany)

Plug and operate

- Convenient handling for surgeon and staff
- Perfect match with the CURIS® 4 MHz radiofrequency generator
- Auto recognition of the instrument and instant selection of the RaVoR™ program
- CURIS® -Precision thanks to AutoRF™



RaVoR™ of the inferior turbinates

 single-use



70 44 62
RaVoR™ bipolar electrode
 for the inferior turbinates, single-use
 working length: 103 mm



“RaVoR™ is a modern surgical technique showing good and long-lasting treatment results when used to reduce the volume of hypertrophic turbinates. At the same time it preserves the mucosa and its function.”

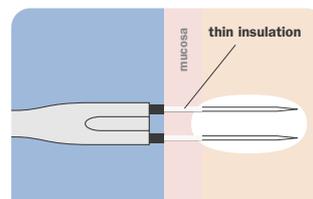
R. Romeo, MD
 Rome (Italy)



Inferior turbinate – preoperative condition and six months post-operatively with significantly enlarged nasal passage.*⁴



Schematic view of the puncture sites for the application of radiofrequency energy of the hypertrophic turbinates.



Additional products for the treatment in the nose



71 50 15
non-stick monopolar suction tube
 Ø 3.3 mm, lumen 2.0 mm, working length: 13 cm

71 50 19
non-stick monopolar suction tube, malleable,
 Ø 4.3 mm, lumen 3.0 mm, working length: 13 cm



36 08 17
Monopolar ball electrode
 Ø 3 mm, total length: 60 mm

36 04 62
Monopolar ball electrode
 Ø 4 mm, total length: 142 mm



78 21 81 SG
SuperGliss® non-stick bipolar forceps
 bayonet, tips: 1.0 mm
 total length: 20.0 cm, working length: 8.5 cm

*⁴ Courtesy of R. Romeo, MD, Rome (Italy)

RaVoR™ of the soft palate

 single-use



70 44 95
RaVoR™ bipolar electrode
 for the soft palate, single-use
 working length: 110 mm



“The radiofrequency assisted soft palate procedure is a minimally invasive, safe and quick procedure. It is well tolerated by patients. We have not observed any bleeding that needed special attention.”

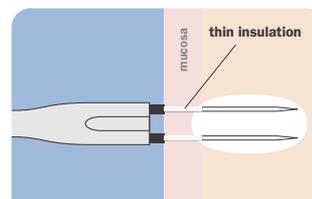
D. Brehmer, MD
 Göttingen (Germany)



Puncture sites for the application of radiofrequency energy in the soft palate.



Dissection of surplus uvula tissue and incision lines for the triangular excision of the posterior palatal pillars (with **ARROWtip™** monopolar microdissection electrode, REF: 36 44 42).



Additional products for the treatment of the soft palate/ UPPP

 single-use



36 44 42
ARROWtip™ monopolar microdissection electrode, single-use
 Ø 0.3 mm, 45° angled
 total length: 103 mm



78 01 75 SG
SuperGliss® non-stick bipolar forceps
 straight, tips: 1.0 mm, 30° angled
 total length: 20.0 cm, working length: 6.0 cm



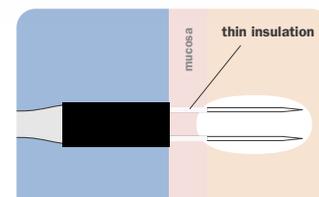
RaVoR™ of the tongue base

 single-use



1:1

70 44 99
RaVoR™ bipolar electrode
for the tongue base, single-use
working length: 97 mm



“In my clinical practice I successfully make use of the tongue base radio-frequency procedure. My experience shows that when using this minimally invasive method together with other surgical techniques, the outcome of sleep-related breathing disorder surgery can be improved. The treatment is useful and should be considered in the treatment of patients with tongue base collapse.”



M. A. Sarte, MD
Manila (Philippines)



Puncture sites on the tongue base for the application of radiofrequency.



The low profile of the instrument and its strong shaft enable the surgeon to insert the bipolar electrode at the back of the tongue.

RaVoR™/ENT bipolar electrodes

134° C autoclavable  



1:1

70 04 89
RaVoR™ bipolar electrode for the posterior pillars
working length: 119 mm



1:1

70 04 97
RaVoR™ bipolar electrode for the tongue base tonsils
working length: 142 mm

ARROWtip™

monopolar microdissection electrodes

single-use

With their heat resistant, ultra-sharp tip design, the ARROWtip™ monopolar microdissection electrodes provide precision for cutting, tissue dissection, and coagulation.



Sutter offers a range of different models to meet your needs for a variety of applications.

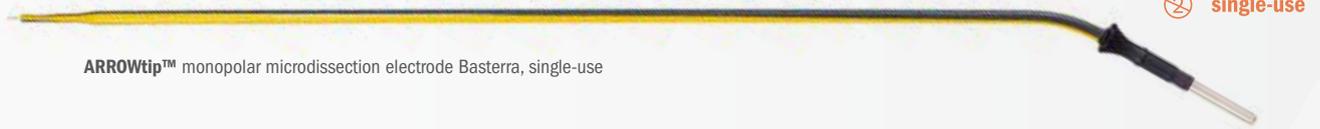
Precision and versatility

- Ultra-sharp tips for clean and precise dissection of tissue
- Heat-resistant material maintains tip sharpness
- High-performance insulation prevents accidental burns
- Hexagonal shape prevents unwanted rotation of the electrode

Possible Applications:

-
- Tonsillotomy
 - UPPP
 - Oral and oropharyngeal tumors
 - Endoscopic ear surgery
 - Sinus surgery
 - Larynx surgery
 - Skin incisions
 - Skin tumors
 - Changes in the skin structure
 - Blepharoplasty
 - Facelifts

Radiofrequency in Larynx Surgery



ARROWtip™ monopolar microdissection electrode Basterra, single-use



36 44 71

straight, Ø 0.3 mm
total length: 232 mm



36 44 72

45° angled downw., Ø 0.3 mm
total length: 229 mm



36 44 73

90° angled downw., Ø 0.3 mm
total length: 227 mm



36 44 74

90° angled upw., Ø 0.3 mm
total length: 230 mm



36 44 75

45° angled upw., Ø 0.3 mm
total length: 233 mm

“Compared to laser procedure, microelectrodes used with radiofrequency enhance the surgical technique by giving tactile feedback and other advantages.

No special safety precautions are necessary and scarring is similar in both procedures. Made of super-hard tungsten and especially designed to reach every part of the laryngeal anatomy, micro-tips in different angles allow good access to the surgical field. We have operated on 92 tumors, mainly T1 glottic tumors, using the ARROWtip™ monopolar microdissection electrodes.”



Prof. J. Basterra
Valencia (Spain)



Corpectomy type V. Arrow indicates internal surface of thyroid cartilage



Endoscopic view of the operating field

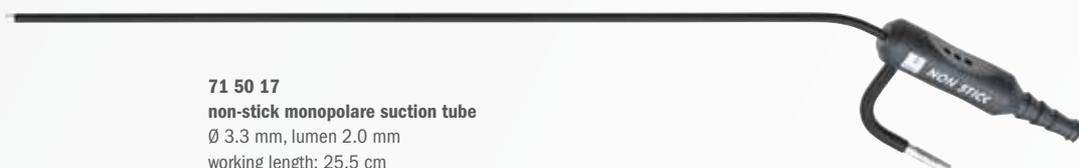
Additional products for larynx surgery



70 09 47
Calvian® bipolar forceps
45° angled tip
working length: 23 cm



70 09 46
Calvian® bipolar forceps with suction
working length: 23 cm
45° angled tip



71 50 17
non-stick monopolar suction tube
Ø 3.3 mm, lumen 2.0 mm
working length: 25.5 cm

Radiofrequency Tonsillotomy

 **single-use**



1:1



36 44 42

ARROWtip™ monopolar microdissection electrode, single-use
 Ø 0,3 mm, 45° angled
 total length: 103 mm



1:1



36 03 65

ARROWtip™ monopolar electrode for RF tonsillotomy
 Ø 0,3 mm, 45° angled
 total length: 112 mm



“Tonsillotomy with radiofrequency is a safe and easy-to-learn procedure. Children with symptomatic tonsillar hyperplasia profit from it enormously. Compared to all other procedures for removing parts of or even all tonsillar tissue we prefer radiofrequency tonsillotomy for children with symptomatic tonsillar hyperplasia without chronic tonsillitis.”

R. Hirt, MD
 Dessau (Germany)



The protruding part of the tonsil is cut along the incision line and parallel to the palatal pillar.



Surgical site during radiofrequency tonsillotomy

Additional products for tonsillotomy



78 01 75 SG

SuperGliss® non-stick bipolar forceps
 straight, tips: 1.0 mm, 30° angled
 total length: 20.0 cm, working length: 6.0 cm



71 50 19

non-stick monopolar suction tube, malleable
 Ø 4,3 mm, lumen 2,9 mm
 working length: 13.0 cm

Radiofrequency Tonsillectomy



70 09 60 SG
To-BiTE™ non-stick
 bipolar clamp for tonsillectomy

37 01 54 R
Bipolar CURIS® cable
 for To-BiTE™ non-stick /Calvian (not shown)



“The To-BiTE non-stick bipolar clamp combining four functions in one instrument is a safe and effective tool for performing tonsillectomies. Vis-à-vis the traditional approach, it seems to make tonsillectomies faster and easier.”

P. Tolsdorff, MD
 Bad Honnef (Germany)



Dissection of the tonsillar tissue



Wound immediately after tonsillectomy

Additional products for the tonsillectomy



70 08 26
Bipolar suction forceps (for tonsillectomy)
 tips: 3.0 x 4.5 mm with selectal® tips
 total length: 20.5 cm, working length: 10.0 cm



78 01 75 SG
SuperGliss® non-stick bipolar forceps
 straight, tips: 1.0 mm, 30° angled
 total length: 20.0 cm, working length: 6.0 cm



78 01 76 SG
SuperGliss® non-stick bipolar forceps
 straight, tips: 2.0 mm, 30° angled
 total length: 20.0 cm, working length: 6.0 cm



36 04 40
Monopolar blade electrode
 total length: 68 mm

Radiofrequency in Oral and Oropharyngeal Tumor



“Radiofrequency excision of lesions in the oral cavities (tongue, tongue base, buccal mucosa, lips or base of the mouth) such as benign and malign tumors as well as precancerous lesions is a gentle and very easy treatment which can be done under local anesthesia.”

S. Arndt, MD; E. Heinert, MD,
Freiburg (Germany)



Sublingual papilloma on the right side



Reduced-bleeding excision of the papilloma with ARROWtip monopolar microdissection electrode (REF 36 03 22)



Postoperative site after precise and full tumor resection

Additional products for oral and oropharyngeal surgery



36 08 14
Monopolar loop electrode
Ø 5 mm
total length: 57 mm



78 01 75 SG
SuperGliss® non-stick bipolar forceps
straight, tips: 1.0 mm, 30° angled
total length: 20.0 cm, working length: 6.0 cm

Radiofrequency in Sinus Surgery

 single-use



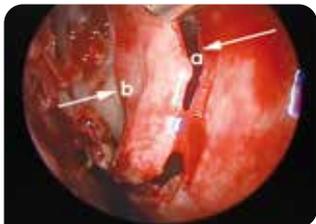
36 44 42

ARROWtip™ monopolar microdissection electrode, single-use
 Ø 0,3 mm, 45° angled
 total length: 103 mm



“Endoscopic endonasal sinus surgery demands subtle hemostasis and the precise cutting performance of the instruments employed. The disadvantages of “cold steel” can be levelled out favorably by the application of radiofrequency current through an angled probe.”

T. Kühnel, MD
 Regensburg (Germany)



The uncinat process incised and lifted anteriorly. Arrow (a) indicates the incised anterior edge, arrow (b) indicates posterior margin.



Incision starting at the cranial attachment of right uncinat process utilizing ARROWtip™ monopolar microdissection electrode (REF: 36 44 42)



The posterior part of the uncinat process can be incised by means of the angled tip. No deterioration of the inferior turbinate.



Nearly bloodless incision at the anterior edge of the uncinat process.

Additional products for sinus surgery

70 09 38

Calvian® duckbill+ bipolar forceps with suction
 15° angled tip
 working length: 12 cm



70 09 39

Calvian® duckbill+ bipolar forceps with suction
 45° angled tip
 working length: 12 cm



Radiofrequency treatment of Epistaxis



36 08 17
Monopolar ball electrode
Ø 3.0 mm
total length: 60 mm



36 04 62
Monopolar ball electrode
Ø 4.0 mm
total length: 142 mm



“Blood vessels on the surface of the nasal mucosa are often the cause for recurrent nasal bleeding. Radiofrequency coagulation (RF coagulation) is a new method for the treatment of such vessels with the advantage of causing less thermal damage to the surrounding mucosa. Recurrent epistaxis predominantly occurs in Osler’s disease. Despite a broad armamentarium of treatment methods, successful therapy in this patient group is difficult to achieve. RF coagulation is an inexpensive alternative to laser treatment, and preliminary results are promising.”

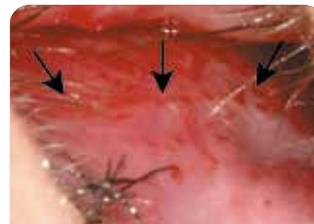
B. J. Folz, MD; C-G. Konnerth, MD
Lippspringe (Germany)



Patient with Rendu-Osler-Weber syndrome, preoperative findings



Intraoperative view during radiofrequency treatment of nasal hereditary hemorrhagic telangiectasia



Result of radiofrequency treatment six months postoperatively

Additional products for epistaxis



71 50 10
non-stick monopolar suction tube
Ø 4.0 mm, lumen 2.8 mm
working length: 13 cm

Radiofrequency in Endoscopic Ear Surgery



“Endoscopic ear surgery is rapidly gaining interest. With one hand holding a camera, bleeding control and hemostasis can be a challenge. With the use of the Sutter ARROWtip monopolar microdissection electrodes bleeding can be significantly reduced from the outset, optimizing visibility and reducing operation time.”

S. Geukens, MD
Aalst (Belgium)



Intraoperative picture showing outer ear canal with an ARROWtip™ monopolar microdissection electrode



Application of radiofrequency ablation at carefully selected points

Additional products for endoscopic ear surgery



70 09 59
Calvian endo-pen® bipolar forceps
tips: 0.7 mm, 15° angled
total length: 23.0 cm, working length: 10.0 cm

Other Products for ENT

SuperGliss® non-stick bipolar Forceps

The material specially developed for SuperGliss® non-stick bipolar forceps prevents overheating of the tips during coagulation. Laboratory tests* confirm the outstanding non-stick properties that last throughout the lifetime of the instrument.



78 01 57 SG
SuperGliss® non-stick bipolar forceps
tips: 1.0 mm, 30° angled
total length: 18.5 cm, working length: 4.5 cm



78 01 76 SG
SuperGliss® non-stick bipolar forceps
tips: 2.0 mm, 30° angled
total length: 20.0 cm, working length: 5.0 cm



78 01 78 SG
SuperGliss® non-stick bipolar forceps type „Meuser“
tips: 2.0 mm
total length: 18.0 cm, working length: 5.0 cm

Bipolar suction forceps

Our bipolar suction forceps, specially adapted to the anatomy, enable clean suctioning before coagulation. They offer a suitable solution for various ENT applications, e.g. for adenotomy and tonsillectomy.



70 08 24
Bipolar suction forceps
tips: 2.0 x 4.0 mm, knee-bend
total length: 20.0 cm, working length: 8.0 cm



70 08 25
Bipolar suction forceps
tips: 3.0 x 4.5 mm with selectal® tips
total length: 20.5 cm



70 08 60
Bipolar suction forceps
tips: 1.4 mm
total length: 20.0 cm

CURIS® Storage / Transport



36 09 00
Fuego trolley

Fuego trolley

The trolley has a solid design and enables that the CURIS® 4 MHz radiofrequency generator will not shift. It also comes with a hook to mount the footswitch. Two storage baskets for accessories and documentation.



99 01 10
CURIS® trolley case

Trolley case for CURIS® 4MHz radiofrequency generator

The CURIS® trolley case is ideally suited to preserve your radiofrequency generator from damage. Not for shipment with parcel services.

CURIS® Technical Data

| RF output max. | performance | operating frequency | | |
|---------------------|--------------------|---------------------|---------------------------|---|
| monopolar | | | Modulation frequency | 33 kHz |
| CUT 1 (unmodulated) | 100 W ± 20 % 600 Ω | 4.0 MHz | Mains supply | 100-240 V; 50/60 Hz |
| CUT 2 (modulated) | 80 W ± 20 % 600 Ω | 4.0 MHz | Measurements W x H x D | 320 mm x 170 mm x 385 mm |
| CONTACT (Coag) | 80 W ± 20 % 400 Ω | 4.0 MHz | Weight | approx. 5.0 kg |
| SOFTSPRAY (Coag) | 60 W ± 20 % 600 Ω | 4.0 MHz | Mode of operation | Intermittent INT 10 s / 30 s equals 25 % ED |
| bipolar | | | Standards | DIN EN 60601-1; DIN EN 60601-2-2 |
| BICUT 1 | 80 W ± 20 % 300 Ω | 4.0 MHz | Safety class I | |
| BICUT 2 | 80 W ± 20 % 300 Ω | 4.0 MHz | EMC (Interference suppr.) | EN 60601-1-2 |
| EXCISE (Cut) | 80 W ± 20 % 300 Ω | 4.0 MHz | Type | CF (cardiac floating) defibrillation proof |
| MACRO (Coag) | 80 W ± 20 % 50 Ω | 4.0 MHz | German MPG class. | II b |
| PRECISE (Coag) | 50 W ± 20 % 50 Ω | 4.0 MHz | Quality assurance | EN 13485 |
| RaVoR™ | 40 W ± 20 % 50 Ω | 4.0 MHz | | |

Technical data valid from generator version 0604

Disclaimer:

The information presented herein has been carefully researched and compiled with the help of specialist physicians. They are not meant to serve as a detailed treatment guide. They do not replace the user instructions for the medical devices used. Sutter accepts no liability for the treatment results beyond the mandatory legal regulations.

The listed working lengths serve as a guideline and may be rounded up or down. The actual lengths may vary slightly.

Products shown in this catalog are subject to regulatory approval in individual markets. Products may therefore not be available in all markets.

CURIS® commonly used unit settings*

| Possible Application | Possible Instrument | Suggested Unit settings |
|---|---|--|
| ENT | | |
| RaVoR™ of the Inferior Turbinates | RaVoR™ bipolar electrode for the inferior turbinates, single - use REF 70 44 62 | RaVoR™ (AUDIO FEEDBACK) 8 - 10 watts |
| RaVoR™ of the Soft Palate | RaVoR™ bipolar electrode for the soft palate, single - use REF 70 44 95 | RaVoR™ (AUDIO FEEDBACK) 10 watts |
| RaVoR™ of the Tongue Base | RaVoR™ bipolar electrode for the tongue base, single - use REF 70 44 99 | RaVoR™ (AUDIO FEEDBACK) 12 watts |
| UPPP | ARROWtip™ monopolar microdissection electrode, single - use REF 36 44 42 | CUT 2 12 - 20 watts |
| Tonsillotomy | ARROWtip™ monopolar microdissection electrode, single - use REF 36 44 42 Monopolar electrode for RF tonsillotomy REF 36 03 65 SuperGliss® non-stick bipolar forceps REF 78 01 75 SG | CUT 2 20 - 25 watts PRECISE 15 - 30 watts |
| Tonsillectomy with To-BITE™ non - stick | To-BITE™ non-stick bipolar clamp REF 70 09 60 SG | MACRO 30 - 40 watts |
| Laryngeal tumors | ARROWtip™ monopolar microdissection electrodes, single - use REF 36 44 71 - 75 | CUT 2 5 - 25 watts |
| Epistaxis | Monopolar ball electrodes REF 36 08 17 OR 36 04 62 | CONTACT 8 - 12 watt |

Settings valid for generators from version: 0604

CURIS® Basic Equipment



CURIS® basic Equipment

| Qty. | REF | Description |
|------|--------------------|--|
| 1 | 36 01 00-01 | CURIS® 4 MHz radiofrequency generator (incl. mains cord, user's manual and test protocol) |
| 1 | 36 01 10 | Foot switch with two pedals for CURIS® (cut & coag) with holding bracket, cable length: 4 m |
| or 1 | 36 01 14 | Foot switch with two pedals for CURIS® (cut & coag) without holding bracket, cable length: 4 m |
| 1 | 37 01 54 L | Bipolar cable for CURIS®, length: 3 m |
| 1 | 36 07 04 | Monopolar handpiece (pencil) cut & coag, shaft 2.4 mm, cable 3 m |
| 1 | 36 02 38 | Cable for single-use patient plates, length: 3 m |
| 1 | 29 00-5 | Single-use patient plate split, for adults and children, PU 20 x 5 pcs. |

*Please see disclaimer on page 18. Values are recommendations only and may be changed at the discretion of the physician!



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